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ABSTRACT

This fact sheet on cerebral palsy is offered in both English and Spanish. First, it provides a definition and considers various causes (e.g., an insufficient amount of oxygen reaching the fetal or newborn brain). The fact sheet then offers incidence figures and explains characteristics of the three main types of cerebral palsy: spastic, athetoid, and ataxic. It briefly discusses developmental, educational, and employment implications. These include the value of early identification and intervention. (DB)

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General Information About

CEREBRAL PALSY

✧ Definition ✧

Cerebral palsy is a condition caused by damage to the brain, usually occurring before, during or shortly following birth. "Cerebral" refers to the brain and "palsy" to a disorder of movement or posture. It is neither progressive nor communicable. It is also not "curable" in the accepted sense, although education, therapy and applied technology can help persons with cerebral palsy lead productive lives. It is not a disease and should never be referred to as such. It can range from mild to severe.

The causes of cerebral palsy include illness during pregnancy, premature delivery, or lack of oxygen supply to the baby; or it may occur early in life as a result of an accident, lead poisoning, illness, child abuse, or other factors. Chief among the causes is an insufficient amount of oxygen reaching the fetal or newborn brain. The oxygen supply can be interrupted by premature separation of the placenta, an awkward birth position, labor that goes on too long or is too abrupt, or interference with the umbilical cord. Other causes may be associated with premature birth, RH or A-B-O blood type incompatibility between parents, infection of the mother with German measles or other viral diseases in early pregnancy, and microorganisms that attack the newborn's central nervous system. Lack of good prenatal care may also be a factor. A less common type is acquired cerebral palsy: head injury is the most frequent cause, usually the result of motor vehicle accidents, falls, or child abuse.

✧ Incidence ✧

Between 500,000 - 700,000 Americans have some degree of cerebral palsy. About 3,000 babies are born with the disorder each year, and another 500 or so acquire it in the early years of life.

✧ Characteristics ✧

There are three main types of cerebral palsy: spastic—stiff and difficult movement; athetoid—involuntary and uncontrolled movement; and ataxic—disturbed sense of balance and depth perception. There may be a combination of these types for any one individual. Other types do occur, although infrequently.

Cerebral palsy is characterized by an inability to fully control motor function. Depending on which part of the brain has been damaged and the degree of involvement of the central nervous system, one or more of the following may occur: spasms; tonal problems; involuntary movement; disturbance in gait and mobility; seizures; abnormal sensation and perception; impairment of sight, hearing or speech; and mental retardation.

✧ Developmental, Educational, and Employment Implications ✧

Early identification of cerebral palsy can lessen developmental problems and lead to appropriate intervention when it helps the most. Early intervention programs are family-centered in which professionals and families work together with the child in specific activities. Educators, physical and occupational therapists, social workers, speech-language pathologists, psychologists and physicians can assist families by providing information and education.

Activities for children with cerebral palsy may include:

- speech and language therapy;
- occupational therapy;
- physical therapy;
- medical intervention;
- family support services;
- early education; and
- applied technology.

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As a child gets older and begins formal schooling, the intensity of services will vary from individual to individual. Persons with cerebral palsy are usually able to attain a substantial degree of independence but, in some cases, may need considerable assistance. Services for the school age child may include continuing therapy, regular or special education, counseling, technical support, community integration opportunities, recreation and possible personal attendants. A key factor seems to be a supportive family. Often people with extensive involvement can be highly functional and independent. The HEATH Resource Center, the clearinghouse for Higher Education and Adult Training for people with Handicaps, states that a significant number of students with cerebral palsy are enrolled in colleges and universities.

Important advances have taken place in the last 15 years which have had a great effect on the long-term well-being of children born with cerebral palsy. Advanced technology has been applied to the needs of persons with cerebral palsy, including computers and engineering devices. Technological innovations have been developed in the areas of speech and communication, self-care, and adapting living arrangements and work sites. The future may bring even more significant applications.

Another important development has been the increased ability of persons with disabilities, including those who have cerebral palsy and other severe disabilities, to live independently in the community. Independent living opportunities include group shared and supervised apartments, or living in the community with appropriate support services. Independent Living Centers have proven to be important resources for persons with disabilities.

✧ Resources ✧

Finnie, N.R. (1975). *Handling the Young Cerebral Palsied Child at Home*. New York, NY: E.P. Dutton and Co.

Schleichkorn, J. (1983). *Coping with Cerebral Palsy: Answers to Questions Parents Often Ask*. Austin, TX: PRO-ED, Inc.

Geralis, E. (1991). *Children with Cerebral Palsy, A Parent's Guide*. Rockville, MD: Woodbine House.

✧ Organizations ✧

American Academy for Cerebral Palsy and Developmental Medicine
1910 Byrd Avenue, Suite 100
P.O. Box 11086
Richmond, VA 23230-1086
(804) 282-0036 (For physician referral)

Independent Living Residential Utilization Project (ILRU)
The Institute for Rehabilitation and Research
2323 South Sheppard, Suite 1000
Houston, TX 77019
(713)520-0232; (713) 520-5136 (TDD)

National Easter Seal Society
70 East Lake Street
Chicago, IL 60601
(312) 726-6200; (312) 726-4258 (TDD)
(800) 221-6827 (Outside IL)

National Rehabilitation Information Center (NARIC)
8455 Colesville Road
Suite 935
Silver Spring, MD 20910-3319
(301) 588-9284 (TDD/Voice); (800) 346-2742

United Cerebral Palsy Associations, Inc.
7 Penn Plaza, Suite 804
New York, NY 10001
(212) 268-6655; (800) 872-1827

United Cerebral Palsy Associations, Inc.
1522 K Street, N.W., Suite 1112
Washington, D.C. 20005
(202) 842-1266; (800) 872-2827 (Affiliate Relations Dept.); (800) 872-5827 (Community Services and Governmental Activities Office)

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Información General Sobre

LA PARALISIS CEREBRAL

✧ Definición ✧

La Parálisis Cerebral es una condición causada por daño al cerebro, que usualmente ocurre antes, durante o despues del parto. El término "cerebral" se refiere al cerebro y "parálisis" al trastorno de movimiento o postura. No es ni progresivo ni comunicable. Tampoco es "curable" en el sentido aceptado, a pesar de que la educación, terapia y tecnología aplicada puede ayudar a las personas con parálisis cerebral, a fin de que éstas lleven a cabo vidas productivas. La parálisis cerebral no es una enfermedad ni debe tratarse como tal. Varía entre leve a severo.

Las causas de la parálisis cerebral pueden incluir las enfermedades durante el embarazo, parto prematuro, o falta de oxígeno al bebé; o puede ocurrir en la niñez como resultado de un accidente, saturnismo (envenenamiento con plomo), enfermedad, abuso infantil, u otros factores. La principal causa es la insuficiencia de oxígeno al cerebro del feto o del recién nacido. El abastecimiento de oxígeno puede ser interrumpido mediante la prematura separación de la placenta, una posición torpe o incómoda durante el parto, un parto demasiado largo o corto, o alguna interferencia con el cordón umbilical. Otras causas pueden estar asociadas con el nacimiento prematuro, la incompatibilidad de el factor RH o un conflicto de sangre de los padres, las enfermedades virósicas o la rubéola durante el embarazo, y microorganismos que atacan el sistema nervioso del recién nacido. La falta de un buen cuidado prenatal puede también ser un factor. Menos común es la parálisis cerebral adquirida: causada por las heridas en la cabeza como resultado de accidentes automovilísticos, caídas, o abuso infantil.

✧ Incidencia ✧

Entre 500,000 - 700,000 Norteamericanos tienen cierto grado de parálisis cerebral. Unos 3,000 bebes nacen con este trastorno cada año, y otros 500 lo adquieren durante sus primeros años de vida.

✧ Características ✧

Hay tres tipos de parálisis cerebral: espástica - movimientos tiesos y difíciles; atetoide- movimientos involuntarios e incontrolados; y atáxica -falta de equilibrio y percepción. Cualquier individuo puede tener una combinación de éstas. Otros tipos también ocurren, aunque con menos frecuencia.

La parálisis cerebral se caracteriza por la incapacidad de controlar las funciones motoras. Dependiendo de que parte del cerebro ha sido dañado y en el grado de implicación del sistema nervioso, uno o más de los siguientes puede ocurrir: espasmos; falta de control muscular; movimientos involuntarios; ataques; sensación y percepción anormal; deterioro de la vista; problemas del lenguaje o audición; y retraso mental.

✧ Implicaciones en la Educación y Empleo ✧

La identificación temprana de la parálisis cerebral puede disminuir los problemas de desarrollo y llevar a una intervención temprana, cuando sea más necesaria. Los programas de intervención temprana están orientados a la familia y son aquellos en los cuales profesionales y familias trabajan juntas con el niño en actividades específicas. Educadores, profesionales en terapia física, trabajadores sociales, patólogos de lenguaje, psicólogos y médicos pueden asistir a las familias mediante información y educación.

Actividades para los niños con parálisis cerebral pueden incluir:

- terapia de lenguaje y habla;
- terapia ocupacional;
- terapia física;
- intervención médica;

- servicios de apoyo familiar;
- educación temprana; y
- tecnología aplicada.

Mientras el niño crece y comienza a ir a la escuela, la intensidad de los servicios varía de acuerdo a las necesidades del individuo. Por lo general, las personas con parálisis cerebral pueden lograr un grado de independencia considerable, pero, en algunos casos, pueden necesitar asistencia. Los servicios para el niño escolar pueden incluir terapia continua, educación regular o especial, consejos, apoyo técnico, oportunidades para la integración en la comunidad, recreo y posiblemente incluyan asistentes personales. El factor clave es una familia que apoya. A menudo las personas más limitadas logran ser funcionales e independientes. El Centro de Recursos HEATH, la oficina de compensación para la Educación y Entrenamiento de Adultos con Discapacidades, ha declarado que un número significativo de alumnos con parálisis cerebral se ha inscrito en las universidades.

En los últimos 15 años han ocurrido importantes avances , los cuales han tenido un gran efecto en el bienestar de los niños que nacen con parálisis cerebral. Tecnologías avanzadas han sido aplicadas a las necesidades de las personas con parálisis cerebral, incluyendo computadores y aparatos de ingeniería. Innovaciones tecnológicas han sido desarrolladas en las áreas del habla y la comunicación, el cuidado propio, y la adaptación de viviendas y sitios de empleo. El futuro posiblemente traiga aún más aplicaciones significativas.

Otro desarrollo importante ha sido la mayor habilidad de las personas con discapacidades, incluyendo las personas con parálisis cerebral y otros impedimentos severos, para poder vivir en forma independiente en la comunidad. Las oportunidades para vivir en forma independiente incluyen apartamentos supervisados para grupos, o viviendas comunitarias con los servicios de apoyo apropiados. Los Centros de Vivienda Independiente son importantes recursos para las personas con discapacidades.

✧ Recursos ✧

Schleichkorn, J. (1983). *Coping with Cerebral Palsy: Answers to Questions Parents Often Ask.* Austin, TX: PRO-ED, Inc.

Geralis, E. (1991). *Children with Cerebral Palsy, A Parent's Guide*. Rockville, MD: Woodbine House.

✧ Organizaciones ✧

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National Easter Seal Society
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(312) 726-6200; (312) 726-4258 (TDD)
(800) 221-6827 (Fuera de IL)

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